

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/914,474

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/		/		/	
4	/		/		/	
5	/		/		/	
6	/		/		/	
7	/		/		/	
8	/		/		/	
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11	/		/		/	
12	/		/		/	
13	/		/		/	
14	/		/		/	
15	/		/		/	
16		2		2		2
17		2		2		2
18		2		2		2
19		2		2		2
20		2		2		2
21		2		2		2
22		2		2		2
23		2		2		2
24		2		2		2
25		2		2		2
26		2		2		2
27		14		14		14
28	/		/		/	
29	/		/		/	
30	/		/		/	
31	/		/		/	
32	/		/		/	
33	/		/		/	
34	/		/		/	
35		1		1		1
36		3		3		3
37		3		3		3
38		3		3		3
39	/		/		/	
40	/		/		/	
41	/		/		/	
42	/		/		/	
43		4		4		4
44		5		5		5
45		6		6		6
46		3		3		3
47						
48						
49						
50						
TOTAL IND.			26		22	
TOTAL DEP.			98		98	
TOTAL CLAIMS			124		120	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS